



University of Kentucky Chandler Medical Center Live Webcast

Authorization to Obtain/Utilize Images and Presentations

It is the policy of the University of Kentucky Medical Center that informed, written consent be granted for all photography and/or videotaping.

By signing below, I hereby grant permission to the University of Kentucky Chandler Medical Center to photograph and/or videotape me and/or to supervise any others who may do the photography and/or videotaping for use by the Webcast over the Internet for educational purposes.

I also authorize the University of Kentucky Chandler Medical Center to use and/or permit others to use the aforementioned images in the following educational, informational and promotional activities without compensation: (initial all that apply)

_____ Live Webcast of the photograph/videotape over the Internet by the Live Webcast for educational purposes

_____ Taped delayed re-broadcast of the photograph/videotape over the Internet by the Live Webcast for educational purposes

_____ Closed circuit distribution by the Live Webcast of the photograph/videotape live to the following locations for educational purposes: (list locations in space provided)

_____ Use in promoting the Live Webcast and the University of Kentucky

_____ I hereby authorize the University of Kentucky to videotape and/or photograph me for the purposes and under the conditions set forth herein on a recurring basis as follows: every day/ week/ month (circle one) beginning _____ and running through _____ **or** a single event on _____ (date)

I understand I may revoke this authorization at any time.

(signature & date)

(Printed name)

(Address)

(Witness & Date)